

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/20/2013 |
| NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {K 000} | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/04/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/20/13</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Medical Surveyor, Life Safety Code Specialist</p> <p>At this PSR survey, Westminster Village-West Lafayette was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The Courtyard was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>Westminster Village-West Lafayette consists of the Courtyard, Pavilion and Terrace in a one story building determined to be of Type III (211) construction. The facility was fully sprinklered, has a fire alarm system with hard wired smoke detection in the corridors, in resident rooms and in spaces open to the corridors. The facility has the capacity for 72 residents and had a census of 61 residents.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing</p> | {K 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {K 000} | Continued From page 1 facility services were sprinklered. | {K 000} | | | |
| {K 000} | <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/22/13.</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/04/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a)..</p> <p>Survey Date: 03/20/13</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Westminster Village-West Lafayette was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The Terrace and Pavilion were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The Terrace and Pavilion were located in the one story building determined to be of Type III (211) construction. The facility was fully sprinklered, has a fire alarm system with hard wired smoke detection in the corridors, in resident rooms and in spaces open to the corridors. The facility has the capacity for 72 residents and had a census of</p> | {K 000} | | | |

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| {K 000} | Continued From page 2 61 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. | {K 000} | | | |